

NO9000000500

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

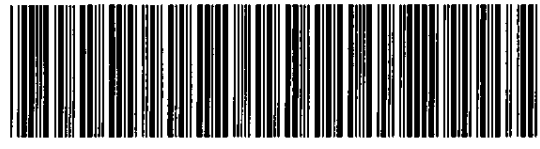
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



900140340469

01/15/09--01007--020 **87.50

FILED
09 JAN 15 PM 4:37
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

EP 1/16/09

COVER LETTER

Department of State
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

SUBJECT: COVERED MINISTRIES INC. P. 1
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed is an original and one(1) copy of the Articles of Incorporation and a check for :

☐ \$70.00
Filing Fee

☐ \$78.75
Filing Fee &
Certificate of
Status

☐ \$78.75
Filing Fee
& Certified Copy

☒ \$87.50
Filing Fee,
Certified Copy
& Certificate

ADDITIONAL COPY REQUIRED

PASTOR
FROM: JAMELL D'SHAUN MITCHELL
Name (Printed or typed)

3920 Old MIDDLEBURG Rd
Address

JACKSONVILLE FL 32210
City, State & Zip

904-859-8748
Daytime Telephone number

NOTE: Please provide the original and one copy of the articles.

ARTICLES OF INCORPORATION
In Compliance with Chapter 617, F.S., (Not for Profit)

ARTICLE I NAME

The name of the corporation shall be:

COVERED MINISTRIES INC.

ARTICLE II PRINCIPAL OFFICE

The principal street address and mailing address, if different is:

3920 OLD MIDDLEBURG RD.
JACKSONVILLE, FL 32210

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

PLACE OF WORSHIP

ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected or appointed:

BY VOTE

ARTICLE V INITIAL DIRECTORS AND/OR OFFICERS

List name(s), address(es) and specific title(s):

(SD) LILLY A. HOWARD
(ED) REV. JAMELL D. SAPP SR.
3611 PALEFACE PLACE
JACKSONVILLE, FL 32210

4369 CAMPUS HILLS CIR.
JACKSONVILLE, FL 32218

(ASD) YALARIA A. SAPP
3611 PALEFACE PLACE
JACKSONVILLE, FL 32210

(ASD) MARY A. BUKES
8040 LOURDES DR. S.
JACKSONVILLE, FL 32210

ARTICLE VI INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

REV. JAMELL D. SAPP SR.
3611 PALEFACE PLACE
JACKSONVILLE, FL 32210

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

REV. JAMELL D. SAPP SR.
3611 PALEFACE PLACE
JACKSONVILLE, FL 32210

FILED
09 JAN 15 PM 4:37
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity.

Rev. Jamell D. Sapp Sr.
Signature/Registered Agent

12 JAN. 2009
Date

Rev. Jamell D. Sapp Sr.
Signature/Incorporator

12 JAN. 2009
Date